

Miami-Dade Housing Agency

Applicant and Leasing Center 2925 NW 18 Avenue • Miami, FL 33142-6005 305-638-6464 • Fax: 305-634-0426 TDD: 305-638-6606



CHANGE OF ADDRESS

www.co.miami-dade.fl.us\housing

Instructions: This form is to be used to notify us of an address change. Please complete this form and mail or fax to the Applicant and Leasing Center.

HEAD OF HOUSEHOLD INFORMATION:

LAST NAME:	FIRST NAME:	MI:
SOCIAL SECURITY NUMBER:	DATE OF I	BIRTH:
NEW ADDRESS:		
CITY:	STATE:	ZIP:
PREVIOUS ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:		
EMERGENCY CONTACT:		
program I am applying for. In addit size – IN WRITING. I understand the unit offered, my name will be removed understand that if my name is removed year from the date of removal. I understand that if my name is removed year from the waiting list of other which I have applied unless I requestably above is true. I AUTHORIZE SCREENING, CREDIT CHECK, A	ion, I must inform the applications office of hat if I do not answer or mail is returned wheed from the waiting list and I cannot reapped from a waiting list, I must request an inderstand that acceptance of a unit under arprograms (Public Housing, Section 8 Modest to be removed. I SWEAR OR AFFIRM E MIAMI DADE HOUSING AGENCY TO	must let the applications office know which any and all changes in address and family nen contacted for housing, or if I refuse the ply until the next open application period. I formal hearing (IN WRITING) within one (1) by one housing program will not remove my erate Rehabilitation, Section 8 Voucher) for THAT THE INFORMATION PRESENTED CONDUCT A POLICE BACKGROUND ANY EVICTIONS IN THE LAST THREE IT.
SIGNATURE:		DATE:
SPOUSE/CO_APPLICANT:		DATE:

Miami-Dade Housing Agency does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry, sexual orientation, or familial status in the access to, admissions into, or employment in, housing programs or activities.